



Member Handbook

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Overview

HIP Employer Link is an option for adults eligible for the Healthy Indiana Plan (HIP), who have access to health insurance through an employer. HIP Employer Link members can choose to enroll in their employer's health insurance plan rather than the HIP plans available through the state. HIP Employer Link will pay for most of the employee's health insurance costs, including monthly premium contributions and other medical costs, such as copayments.



IMPORTANT: An advanced premium payment is sent to members by mail every month. If your employment ends or if your health insurance changes, please contact the Division of Family Resources. You must notify us immediately, so that we can update or stop payments. You are responsible for paying the state back for money you received for the months you were not eligible for or not receiving health insurance coverage. Accepting payment after your employer's health insurance ends may be considered Medicaid fraud.

POWER Account

Each HIP Employer Link member will have a \$4,000 Personal Wellness and Responsibility (POWER) account to help pay for the costs of the monthly premium and other medical costs of the health insurance plan. For families with more than one HIP Employer Link member enrolled in the same employer health insurance plan, each member's \$4,000 state contribution amount will be combined into one shared POWER account. For example, spouses on the same health insurance plan will receive one combined \$8,000 POWER account to cover the costs of the health plan.

The POWER account funds are for the entire benefit period (up to one year) from the date HIP Employer Link benefits begin, so members are encouraged to actively manage their account.

Members cannot withdraw funds from their POWER account. The state will use the money in the POWER account to reimburse members for monthly premium payments that are withheld from the employee's paycheck (less the amount required to be paid by the member). See the [Member Costs](#) section for more information on required member contributions.

Tips for Managing Your POWER Account

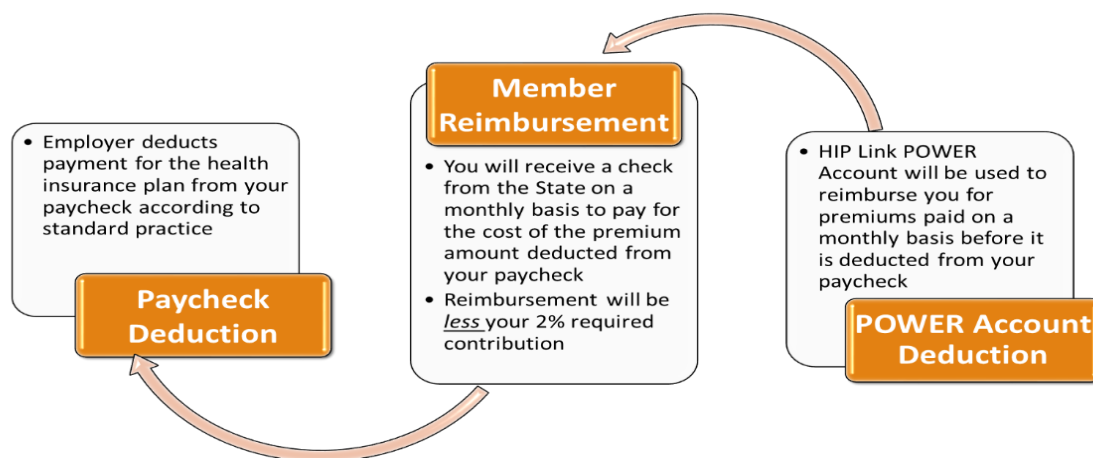
- ✓ Stay in network. Use doctors, pharmacies and other health care providers that are in your employer health insurance network *and* enrolled in the Indiana Health Coverage Programs (IHCP).
- ✓ Price compare. Compare what doctors and pharmacies will charge you for basic medical services *before* you make an appointment.
- ✓ Keep track of your fund balances. HIP Employer Link will send you monthly statements to help you monitor your account activity.

The POWER account can also be used to pay for certain medical costs like copayments for office visits, deductibles, prescription drugs, etc. Depending on whether your doctor, pharmacy or other provider participates in the Indiana Health Coverage Programs (IHCP), HIP Employer Link will either pay your provider directly or, if your provider does not participate in IHCP, HIP Employer Link will reimburse you for some of your costs. See the [Paying for Covered Services](#) section for more information.

HIP Employer Link Premium Payments

HIP Employer Link members will have the full amount of the premium for health insurance deducted from their pay according to their employer's standard practices. However, a member carrying insurance through their employer will receive a HIP Employer Link payment before the amount of the full premium is deducted from their paycheck. The advance payment will be based on the difference between the HIP Employer Link member payment and the total premium payment deducted by the employer. The reimbursement will only cover HIP Employer Link approved plans, so if you enroll in benefits other than an approved plan you will not receive reimbursement for the premium cost. See the [Member Costs](#) section for details on the required member contributions.

The state will send the advance HIP Employer Link check to the member each month by mail.



Each HIP Employer Link check will be a set amount based on the expected costs of the premium for the entire benefit period divided by the number of months left in the benefit period (and minus the required member contribution). For example, if the benefit period is 12 months, the payment you will receive is 1/12 of the annual premium owed to you each month.

An example of the premium contribution and advanced premium payment calculation for employee only and employee plus spouse coverage is provided below.

HIP Employer Link POWER Account Allocation Examples		
	HIP Employer Link Employee	HIP Employer Link Employee & Spouse
Annual Income	\$16,000	\$22,000
Member HIP Link Costs	\$320	\$440
State Contribution	\$4,000	\$8,000
Total Available Funds	$\$4,000 + \$320 = \$4,320$	$\$8,000 + \$440 = \$8,440$
Employee Annual Premium Cost	\$470	\$1,500
Premium Reimbursement (Annual)	$\$470 - \$320 = \$150$	$\$1,500 - \$440 = \$1,060$
Monthly Premium Reimbursement	$\$150 / 12 = \12.50	$\$1,060 / 12 = \88.33
\$\$ FOR COST SHARING	$\$4,000 - \$150 = \$3,850$	$\$8,000 - \$1,060 = \$6,940$



When will I get my advance payment each month?

HIP Employer Link participating employers are asked to confirm employee premium amounts by the third Tuesday of each month. Employees/members will receive the advance payment about two weeks after their employer confirms the amount with the state. The advance payment schedule is referenced at the end of this handbook under [Employee Premium Payment Schedule](#).



What happens if I receive an advance payment but then leave my employer?

If you receive an advance premium payment for a month in which you were not enrolled in your employer's health insurance and you deposit the check, you will be required to pay back the funds. You will be billed by the state for any amounts you received in which you were not eligible for HIP Employer Link. The state may also collect these payments from your state tax returns. It is important to notify the state immediately of any changes to your employment or health insurance coverage. Knowingly accepting payment after your health insurance coverage ends may be considered Medicaid fraud.

HIP Employer Link Member Costs

HIP Employer Link members are required to share in the costs of their monthly health insurance premium. As described in the [Premium Payments](#) section, HIP Employer Link will send a payment to the member every month before the member's employer deducts the premium amount. The amount of the check will cover the full cost of the premium, *EXCEPT for the amount required to be paid by the member*.

Members are required to pay 2 percent of their household income for their insurance (***which is the same monthly payment required to enroll in the standard HIP plan***). If both you and your spouse are enrolled in HIP Employer Link, the required premium amount will be shared between the two of you. Below are some examples of the monthly costs to participate in the program.

Examples of HIP Employer Link Member Monthly Premium Costs				
FPL	Monthly Income (1 Member)	Monthly Costs	Monthly Income (2 Members in Household)	Monthly Costs for 2+ Members
<22%	Less than \$218	\$4.36	Less than \$294	\$5.88 (\$2.94 each)
23%-50%	\$218.01 to \$495	\$9.90	\$294.01 to \$668	\$13.36 (\$6.68 each)
51%-75%	\$495.01 to \$743	\$14.86	\$668.01 to \$1,002	\$20.04 (\$10.02 each)
76%-100%	\$743.01 to \$990	\$19.80	\$1,002.01 to \$1,335	\$26.70 (\$13.35 each)
101%-138%	\$990.01 to \$1,382.54	\$27.65	\$1,335.01 to \$1,864.33	\$37.29 (\$18.64 each)



Does my HIP Employer Link contribution increase if I add additional family members to my policy?

Maybe. It depends on whether the additional HIP Employer Link eligible members live in the same household. A flat 2 percent monthly contribution covers all HIP Employer Link members that live in the same household. However, HIP eligible adult children age 19 to age 26 may be eligible to participate in family coverage offered by your employer health plan and may also be included in your HIP Employer Link coverage. If you add an eligible adult child to your HIP Employer Link health insurance plan that does not live in the same household as you, a separate 2 percent required contribution will be applied to your child's household in order for him/her to also participate in your HIP Employer Link plan.



What happens if I run out of money in my POWER account?

The money in your HIP Employer Link POWER account is separated into what you need to pay for your premiums and what is left over to pay for other health care costs. You should not ever run out of money to pay for your premiums. If you run out of money to pay for other medical costs, you will be responsible to pay copayments for your health care services. These copayments and your 2 percent monthly contribution combined will not be greater than 5 percent of your quarterly household income. If more than one household is enrolled on the same employer policy (for example if you and your adult child live separately but are both enrolled in your employer plan) then the 5 percent limit will take into account your total combined income. Your 5 percent quarterly cost sharing limit can be found on your monthly statement. If your cost sharing hits the quarterly limit, you will be reimbursed for any costs beyond the limit. Until you reach the limit, you will have to pay copayments up to the Medicaid allowable limits. HIP Employer Link will continue to pay IHCP participating providers directly, but will deduct the copayment amounts from your monthly premium subsidy.

HIP Employer Link Maximum Allowable Cost Sharing		
Service	Copoly Amounts ¹	
	Income ≤ 100% of the FPL	Income > 100% of the FPL
Outpatient Services	\$4	The greater of \$4 or *10% of the cost
Inpatient Services	\$75	The greater of \$75 or *10% of the cost
Preferred Drugs	\$4	
Non-preferred Drugs	\$8	
Non-emergency Use of the Emergency Depart.	\$8	

If you run out of money in your account, the state may determine that it is no longer cost effective for you to stay in HIP Employer Link. If this occurs, you will be enrolled into the standard HIP program for your health insurance coverage. See the [Member Disenrollment](#) section for more information.

¹ To find out whether your income is above or below 100% of the federal poverty level (FPL), please see the FPL chart available online at <http://www.in.gov/fssa/hip/2458.htm> or call the Division of Family Resources at 1-800-403-0864.

HIP Employer Link Member Benefits

HIP Employer Link not only helps you pay your health insurance premium, but the rest of your POWER account can be used to pay for other medical costs under the health insurance plan, such as copayments for doctor visits, prescription drugs, deductibles, etc. In addition, HIP Employer Link may cover a few extra benefits not covered by your employer's health plan, which are described under [Covered Services](#). Only doctors, pharmacies and other providers who are enrolled as Indiana Health Coverage Programs (IHCP) providers are eligible to receive direct payments from the HIP Employer Link program.

**ONLY DOCTORS, PHARMACIES AND OTHER PROVIDERS
WHO ACCEPT MEDICAID ARE ELIGIBLE TO RECEIVE
DIRECT PAYMENTS FROM HIP EMPLOYER LINK.**

HIP Employer Link ID Card

As a HIP Employer Link member you will have two cards for health insurance:

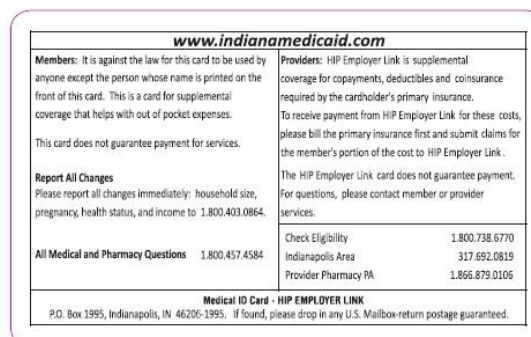
1. Your employer health plan insurance card; and
2. Your HIP Employer Link card. *(See a sample of the HIP Employer Link card below)*



The cards must be used together to tell your doctors, pharmacies and other health care providers how to bill the services you receive. The card does not provide direct access to funds in the POWER account and will function as supplemental coverage for your out-of-pocket costs.

If you lose your HIP Employer Link card, please call us toll-free at 1-800-457-4584 and we will send you a replacement card. Please remember to use your most recent health insurance ID cards when you are using health care services.

HIP Employer Link Member ID Card Sample:



HIP Employer Link Covered Services

While each HIP Employer Link employer health plan is different, all eligible health insurance plans will be reviewed by the State to make sure they meet minimum benefit standards. All approved health insurance plans will, at minimum, cover services in all of the required essential health benefit categories.² In HIP Employer Link you get the benefits offered on your employer plan, not the benefits covered in HIP.

Additional services, such as vision and dental, will only be covered by HIP Employer Link if the benefits are offered by the employer, are approved by HIP Employer Link, and the employee/member is enrolled in the coverage.

Some services not covered by the employer health plan may be available directly through HIP Employer Link. HIP Employer Link provides coverage for a 72 hour emergency supply of prescription drugs, family planning services and supplies, and services provided by Federally Qualified Health Centers or Rural Health Centers. The provider of these additional services must be an Indiana Health Coverage Programs (IHCP) provider. You can verify what providers are enrolled IHCP providers by calling 1-877-GET-HIP-9 or you can call ahead to your provider to see if they accept this type of health insurance coverage before you schedule an appointment for these additional services.

In addition, some services are only available to specific HIP Employer Link members. Members that have very low income (less than \$216 per month for an individual or \$296 per month for a household of 2)³ or have recently gotten a job after being very low income may also qualify for non-emergency transportation to medical appointments. Also, HIP Employer Link members that are 19 or 20

Essential Health Benefit Categories

- ✓ Preventive and wellness services
- ✓ Ambulatory patient services
- ✓ Hospitalizations
- ✓ Maternity and newborn care
- ✓ Mental health and substance use disorder
- ✓ Prescription drugs
- ✓ Emergency services
- ✓ Rehabilitative and habilitative services
- ✓ Laboratory services

Extra HIP Employer Link Only Benefits

- ✓ 72- Hour emergency supply of covered outpatient prescriptions drugs
- ✓ Family planning services and supplies
- ✓ Services provided by Federally Qualified Health Centers or Rural Health Centers
- ✓ Non-emergency transportation services for eligible members
- ✓ Early and Periodic Screening, Diagnosis, & Treatment Services for eligible members

² The eligible HIP Employer Link health plan should meet one of the following state's essential health benefit options: Anthem Blue Access PPO available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/indiana-ehb-benchmark-plan.pdf>; United Healthcare POS; or Advantage HMO.

³ Monthly income amounts based on current federal poverty level. To find out whether you are eligible under Section 1931 or transitional medical assistance, call the Division of Family Resources at 1-800-403-0864.

years of age may receive Early and Periodic Screening, Diagnosis and Treatment services not covered by the employer health plan.

Employees can find detailed information on the benefits available and covered under their employer's health insurance plan by contacting their employer or health insurance plan directly. HIP Employer Link enrollment counselors are also available to assist you. The enrollment counselors have access to approved employer health plans, including basic information about covered benefits. They can also answer questions you have about specific HIP Employer Link covered services. To speak to an enrollment counselor, members may call 1-877-GET-HIP-9 or send an email to HIP2.0@fssa.in.gov.

Note: The employee may contact the state to consider coverage for denied services. The state will review the service as compared to the state's essential health benefits options.

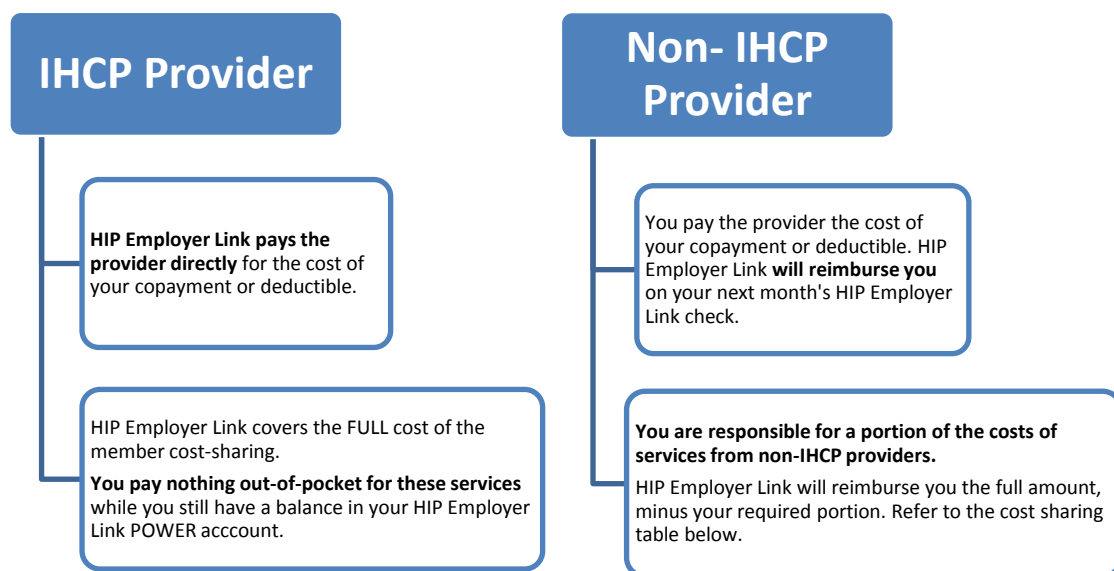
Paying for Covered Services

In order for your HIP Employer Link POWER account to pay for your covered medical services directly, you must go to doctors, pharmacies and other providers who accept both your employer's health insurance plan and Indiana Health Coverage Programs (IHCP) coverage.

- ✓ To find a provider who accepts your employer's health insurance, contact your insurance carrier directly or use their online provider directory.
- ✓ To find an IHCP enrolled provider, call 1-877-GET-HIP-9 or search the provider directory online at: <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>.

Except for the HIP Employer Link Only benefits, in order for the member portion of the cost-sharing to be paid by the POWER account, the member's primary insurance must cover the in-network service. HIP Employer Link will pay for the member's portion of the cost for receiving the service (such as copayment, coinsurance or deductible) only after the member's primary insurance has paid for the covered service.

The method of payment for services covered by your employer plan depends on whether the healthcare provider is also enrolled as an IHCP provider.





Can I get reimbursed by HIP Employer Link if I paid my doctor directly?

All health care providers (i.e. doctors, pharmacies, hospitals) that accept both your employer's health insurance plan and Indiana Health Coverage Programs (IHCP) coverage, must be paid directly by the HIP Employer Link program. If you forgot to provide your HIP Employer Link card and have already paid an IHCP provider directly for covered services, you should contact the provider's office and provide them a copy of your HIP Employer Link card. The health care provider should reimburse you the amount that you paid and then seek payment directly from HIP Employer Link.

If you have paid for services received from a non-IHCP provider, you must submit proof that the service and provider was covered by your employer plan in the form of an Explanation of Benefits (EOBs) and proof that you paid for the service. You will receive reimbursement when your claim is processed. This could be in your monthly premium reimbursement check or in a separate check.

Reimbursement for Non-IHCP Provider Paid Medical Services

To report any medical expenses you have paid for at a non-IHCP provider, you will need to print and complete the [HIP Employer Link Out-Of-Pocket Reimbursement Form](#) provided at the end of this handbook. The form includes the following information and may be emailed or mailed to FSSA: (1) Member's name and RID; (2) HIP Employer Link employer ID; (3) Provider's invoice; (4) Receipt of payment; and (5) Explanation of benefits (EOB) from your primary insurance provider.

Mail: **P.O. Box 1995, Indianapolis, IN 46206-1995.**

For additional questions about how to be reimbursed, contact 1-800-457-4584.

HIP Employer Link Statement

To help you keep track of your medical spending and the money in your POWER account, HIP Employer Link members will get monthly statements in the mail. These statements will tell you about (1) your premium and (2) your out-of-pocket costs.

- ✓ **Premium:** Your premium is what you have to pay to have health insurance coverage. The monthly statement will tell you the amount in your POWER account that is set aside to pay the premium while enrolled in HIP Employer Link. It will also show the date of each premium payment you have received.
- ✓ **Out-of-Pocket Costs:** Your out-of-pocket costs are the charges that a patient must pay for covered health services, including copayments (a required payment collected by the provider for the services received) or a deductible (the amount that the member is required to pay for services each year before the health insurance begins to make payments). The HIP Employer

Link statement will tell you what medical services have been paid from your account each month, and how much money is left in the POWER account to help pay future medical costs.

Members are encouraged to read their monthly statement to understand how the HIP Employer Link POWER account is used and to track the funds left to pay for future medical needs. The member can compare their POWER account balance with what the member expects to pay for medical and pharmacy costs for the rest of the benefit period.

An example of the HIP Employer Link statement, including tips on how to read and understand your statement, is included at the end of this handbook under [Sample Statement](#). Each statement will also include a description of the statement and explanation of terms.

 **Call 1-800-457-4584 for questions about your HIP Employer Link POWER account statement.**

Member Contribution Discount

Reading your HIP Employer Link POWER account statement and actively managing your account can help lower your monthly premium contribution next year. HIP Employer Link members who stay on the program for a full year may be able to receive a discount on their employee premium contribution for the next year. The amount of the discount is equal to the percentage amount of the funds left in the POWER account at the end of the benefit period, *up to a 50 percent reduction*. For example, if you have 75 percent of the POWER account balance left in your account at the end of the benefit period, your contribution for the following year would be reduced by 50 percent.

Below is an example of the possible discount calculation.

HIP Employer Link POWER Contribution Discount Example		
Annual income	\$16,000	
2 percent annual/ monthly contribution	\$320 annually	\$26.67 monthly
HIP Employer Link POWER account remaining balance	\$1,000	
Discount percentage	$\$1,000 \text{ (Balance)} / \$4,000 \text{ (Total)} = 25\% \text{ discount}$	
Discount for the member contribution amount	$\$320 - (\$320 * .25) = \$240 \text{ annually or } \20 monthly	

In the above example, because the member had 25 percent of the total POWER account remaining at the end of the benefit period, the member will have their required monthly payments lowered by 25 percent in the following year. The member's monthly reimbursement will reflect this decrease in the required monthly payments.

Reporting Changes

It is very important to let us know if you have any changes. Please call the Division of Family Resources (DFR) office within 10 days if you have any changes that could impact your HIP Employer Link eligibility, such as the following:

- ✓ **Address**
- ✓ **Job**
- ✓ **Health insurance plan**
- ✓ **Family size (birth of child, marriage, divorce, etc.)**
- ✓ **Pregnancy**



**Call 1-800-403-0864 within
10 days to report a change!**

Renewal

To stay on HIP Employer Link, you must renew with the Division of Family Resources every year. You may get a form in the mail. Please be sure to fill it out and return it quickly by the date listed in the form so that your HIP Employer Link assistance will continue. If you do not complete these forms, you may lose your HIP Employer Link supplemental coverage.

Also be sure to renew your health insurance plan selections during your employer's open enrollment period. To remain eligible for HIP Employer Link, you must remain enrolled in an approved employer-sponsored health insurance plan. If you have any questions about your employer health plan, consult with your employer. You may also choose to transfer to standard HIP benefits during your renewal period. For assistance in understanding your health plan options, contact a HIP enrollment counselor at 1-877-GET-HIP-9.

Member Disenrollment

Participating in HIP Employer Link is optional. However, once you decide to enroll in your employer's plan and receive HIP Employer Link benefits rather than standard HIP benefits, you remain in HIP Employer Link, unless you have a qualifying event as described below. Members can change their health coverage or transfer to standard HIP programs during their employer's open enrollment period. Below is a summary of events that will allow you to transfer to HIP, and each is described in more detail.

Voluntary Transfer Events	Mandatory Transfer Events
Pregnancy	Employer and/or health plan no longer eligible
Medically frail	HIP Employer Link member no longer eligible for employer plan
Low-income parent or caretaker	Family Medical Leave Act (FMLA)— <i>case by case</i> .

HOW TO TRANSFER TO HIP AND LEAVE YOUR EMPLOYER COVERAGE

If you have one of the qualifying events which allow you to transfer to the standard HIP program during your benefit year, you will need to do the following:

1. Seek enrollment counseling to understand the change in benefits. Call 1-877-GET-HIP9.
2. Request the change by calling DFR at 1-800-403-0864.
3. Make any necessary changes to your employer insurance (i.e. cancel coverage, change beneficiaries) by notifying your employer as soon as possible of the date you will be transferred to HIP.

Failure to make changes to your employer coverage could mean that you are locked into your employer plan for the rest of the benefit period. If you transfer to HIP you will not receive HIP Employer Link payments even if you are still enrolled in your

If you have one of the following qualifying events, you may choose to disenroll from your employer's health insurance plan and transfer to the standard HIP program. To request a change, contact the Division of Family Resources at 1-800-403-0864.

- **Pregnancy:** Be sure to report a change (as described above in the [Reporting Changes](#) section) as soon as you become pregnant. As a pregnant HIP Employer Link member, you will no longer have to pay for health care services during your pregnancy and for up to 60 days post-partum, including your monthly HIP Employer Link premium.

HIP Employer Link members who become pregnant may also choose to leave the HIP Employer Link program and transfer to the standard HIP plan. Under the HIP plan, you will be eligible to receive extra services, including transportation to and from your doctor visits and chiropractic services. Pregnant women who are enrolled in HIP also have zero cost-sharing, which means you will have no monthly POWER account contribution and no copayments for doctor visits for your entire pregnancy and for up to 60 days post-partum.

- **Medically frail:** If you are diagnosed with a serious health condition, you may be eligible to receive enhanced benefits through the standard HIP program that are more appropriate for your condition. An individual is medically frail if he or she has been determined to have one or more of the following:
 - Disabling mental disorders
 - Chronic substance use disorders
 - Serious medical condition
 - Physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living, such as bathing, dressing or eating or
 - Disability determination from the Social Security Administration (SSA)

Individuals who become medically frail have the option to transfer to HIP. The costs to participate in HIP will be the same as the monthly premium under the HIP Employer Link program, but medically frail members will have access to additional benefits, such as non-emergency transportation to and from doctor's visits. Individuals that are medically frail may leave HIP Employer Link at any time and transfer to HIP.

If you think you may be medically frail and would like to report a change in your health status, call 1-800-403-0864. Individuals that report that they

have become medically frail will be mailed a health screening form. *HIP Employer Link members must complete the health screening form and return it in order to transfer to HIP benefits starting the first of the following month.*

- **Low-income parent or caretaker or Transitional Medical Assistance (TMA)**: If you are a low-income parent or caretaker or TMA HIP Employer Link member you may transfer out of HIP Employer Link to HIP at any time. Members in these categories are also eligible for non-emergency transportation in HIP Employer Link. If you have questions about your eligibility for these categories, contact the Division of Family Resources at 1-800-403-0864.

In the event that one of the following occurs, you will be automatically disenrolled from HIP Employer Link and transferred to the standard HIP program. If you do not wish to participate in HIP, you can call the Division of Family Resources (DFR) call center at 1-800-403-0864 or visit your local DFR office to notify them.

- **Employer or health plan no longer eligible**: If your employer or your health insurance plan no longer meets the HIP Employer Link requirements, then you will no longer be eligible for HIP Employer Link, and you will be transferred to another HIP plan.
- **Member no longer eligible for health coverage from the employer**: If you become ineligible for health coverage through your employer, you may transfer to HIP. Similarly, if your group health plan changes and your eligible spouse or dependent(s) become ineligible for group health coverage from your employer, then those members no longer eligible for HIP Employer Link may transfer to HIP.
- **Family Medical Leave Act (FMLA)**: If you are currently on FMLA and no longer getting regular paychecks from your employer, you may no longer be eligible for HIP Employer Link. The state will review this on a case by case basis to determine whether you can stay on HIP Employer Link or whether you will be transferred to HIP.



What do I need to do to transfer to HIP?

Employees that want to report a disenrollment event for HIP Employer Link can contact the Division of Family Resources at 1-800-403-0864 and report a change. Employees reporting medically frail status will need to complete the health screening form to be able to disenroll from HIP Employer Link. If the state determines you are no longer eligible for HIP Employer Link due to one of the mandatory transfer reasons listed above (losing access to employer-sponsored health insurance, etc.), the state will automatically disenroll you from HIP Employer Link and transfer you to HIP effective the first day of the following month.



Do I need to notify my employer if I transfer to HIP?

You will only need to notify your employer if you wish to make a change to your employer-sponsored plan (i.e. stop coverage, change covered beneficiaries, etc.). Upon transfer to HIP you will only have a limited opportunity to make changes to your employer sponsored coverage, so you should notify your employer as soon as possible if you wish to make changes, but **no later than 30 days** from the date you or your covered beneficiaries are transferred to HIP. To stop coverage or to otherwise change your employer benefit elections, you will need to inform your employer by contacting your human resources representative as soon as possible. *If you do not make a change within your employer's required time frame for a special disenrollment period, you could be locked into your employer's insurance plan for the rest of the benefit period.*

If you either choose to remain in your employer sponsored health insurance plan or do not make a change to your employer plan within your employer's required time period, once you are enrolled in HIP, you will no longer be eligible to receive HIP Employer Link subsidies to help pay for the costs of your employer plan. This means that you would have to pay for the full cost of the required premium. Therefore, if you do not want to remain in your employer sponsored health insurance while on HIP, it is important that you notify your employer to make a change to your benefits as soon as possible after you transfer to HIP.



If I am disenrolled from HIP Employer Link, can I re-enroll?

If you are disenrolled from HIP Employer Link during the benefit period for any reason (i.e. you voluntarily withdraw or you lose access to the health coverage), you will not be allowed to get back into the program until your employer's open enrollment period. For example, if you lose your job during the benefit period, you will be disenrolled from HIP Employer Link and transferred to the standard HIP program. If you later get another job, you will not be allowed to enroll in your new employer's health insurance through HIP Employer Link until your new employer's open enrollment period. Members are only allowed to enroll in HIP Employer Link during a special enrollment period **once every two years**.

Appeals

There may be times when you disagree with a decision that your health plan made regarding your healthcare, such as denying a request for treatment or other medical service. Grievances and appeals related to medical decisions should be handled by your primary

health insurance company first. If you disagree with the decision of your health insurance company after you have exhausted the insurer's grievance and appeal process, then you may request a state fair



**GRIEVANCES AND APPEALS RELATED TO MEDICAL
DECISIONS SHOULD BE HANDLED BY YOUR PRIMARY
HEALTH INSURANCE COMPANY FIRST.**

hearing within thirty-three (33) days of the insurer's final decision on your appeal. Members can file an appeal with the state by Mail to: Office of Hearings and Appeals MS 04, 402 W. Washington St. E034, Indianapolis, IN 46204 or Fax: (317)232-4412.

There may also be times when you need to tell us if you are not satisfied with the HIP Employer Link program or services you receive through the program. All HIP and HIP Employer Link member eligibility decisions are appealable to the state through the standard appeals process. Issues that can be appealed directly to the state without first exhausting the appeal process with your insurance company include, but are not limited to:

- ✓ Eligibility for HIP Employer Link
- ✓ Monthly premium contribution amount (2% of income)
- ✓ HIP Employer Link coverage start dates
- ✓ Payments made from HIP Employer Link POWER account
- ✓ HIP Employer Link additional benefit determinations (such as 72-hour emergency supply for prescriptions, family planning, services from Federally Qualified Health Centers or Rural Health Centers, non-emergency transportation service, or Early and Periodic Screening, Diagnosis and Treatment services)

Members can file an appeal with the state for the above eligibility decisions by Mail to: FSSA Document Center, PO Box 1810, Marion, IN 46952, Fax or Telephone: 1-800-403-0864 or take your written appeal to your local Office of the Division of Family Resources.

You may be eligible for continued HIP Employer Link benefits during your appeal, if the appeal is based on a change in your eligibility status. However, if the appeal is based on a change in the employer's eligibility status, you will not be eligible to remain in HIP Employer Link during the appeal and will be transferred to standard HIP benefits during the appeal process as described under the [Member Disenrollment](#) section.

Additional Resources



Compare Benefit Options: HIP Employer Link is an optional program, and all eligible individuals are also eligible for the Healthy Indiana Plan. A chart comparing the HIP and HIP Employer Link plans is included at the end of this handbook under [HIP Plan Comparison](#). The HIP website (HIP.IN.gov) has additional information on the available plan options at: http://www.in.gov/fssa/hip/files/DF-CS-110614_HIP2.0-Plan-comparison-chart_v1r1.pdf. For additional assistance in understanding the plan options available to you, contact the enrollment counselor at 1-877-GET-HIP-9.



Frequently Asked Questions: Employee FAQs related to eligibility, enrollment, disenrollment and general program questions are available in the HIP Employer Link Program FAQs at <http://www.in.gov/fssa/hip/2491.htm>.



Important Phone Numbers:

- **Division of Family Resources: 1-800-403-0864**
 - Call this number to report changes or to appeal.
- **HIP Employer Link Benefit and provider questions: 1-877-GET-HIP-9**
 - Call this number for information on HIP Employer Link benefits and what providers are IHCP enrolled.
- **Report costs, get a new HIP Employer Link card: 1-800-457-4584**
 - Call this number for information about your HIP Employer Link account or to report costs.



Important Member Notices:

- **Notice of privacy and practice**
 - A copy is available by calling the IHCP Privacy Office at (317) 713-9627 or 1-800-457-4584, or it may be accessed online at:
<http://member.indianamedicaid.com/media/90670/english%20hipaa%20notice%20of%20privacy%20practices%20final%202015.pdf>.
- **Non-discrimination notice**
 - The Indiana Family and Social Services Administration (FSSA) does not discriminate against any person on the basis of race, color, national origin, disability, political beliefs, sexual orientation, age, religion or gender in acceptance for or provision of services, employment or treatment in its educational and other programs and activities. For more information about this policy, please call 1-800-403-0864.
- **Interpreter services notice**
 - FSSA will arrange for an interpreter or bilingual staff member to help you read English language notices, letters or other written information received from FSSA. If you need help getting interpreter or bilingual services, please call 1-800-403-0864.

HIP Employer Link Employee Premium Payment Schedule

HIP LINK EMPLOYEE PREMIUM PRIMARY PAYMENT SCHEDULE

2016

Jan-16						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Jul-16						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb-16						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

Aug-16						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Mar-16						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Sep-16						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Apr-16						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Oct-16						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					


May-16						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Nov-16						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Jun-16						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Dec-16						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

 Cycle Date

 Premium Cycle Date

HIP Employer Link Out-Of-Pocket Reimbursement Form



HIP Employer Link Account Out-Of-Pocket Expense Reimbursement Claim Form

Note: This form is only for services received from providers that are not enrolled with the Indiana Health Coverage Programs. To search for enrolled providers, visit <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>.

HIP Employer Link may reimburse the employee for amount(s) paid for services received by the individual or eligible family member from a provider who is not enrolled with the Indiana Health Coverage Programs, but is an in-network provider on the employer plan. The reimbursement amount will be the amount for the service received, reduced by the Medicaid allowable cost sharing limits.

Submit the following information for reimbursement:

- Name and RID of member who received the medical service,
- Last four digits of member's SSN,
- HIP Employer Link Employer ID,
- Provider bill or invoice,
- Receipt of payment, and
- Explanation of Benefits (EOB) for the appropriate service and date.

Instructions to Submit the above Information

Step 1: Fill Out the Form

Starting on the far left box please type or print in capital letters, with your letters centered in the middle of the boxes provided as shown below:

A	B	C	D		1	2	3	4
---	---	---	---	--	---	---	---	---

Section 1

- Complete all areas of Member/Employee Information. You will need to provide your **HIP Employer Link RID number** and the last **four digits of your social security number**. **Failure to provide both will result in your request for reimbursement being rejected** and sent back with a letter explaining the reason for your rejection of your request.

Sections 2 & 3

- Do not group expenses; each expense must be listed individually as each expense will be processed separately and will be reflected as separate amounts on your account.
 - Complete all sections of the form including as many lines as needed. Sign and date the agreement at the bottom of the page after reading.
 - Please use section 3 to write expenses. You may attach more than one expense page if you have more expenses than fit on one page. Please attach all completed expense pages with Section 1 and 2 for submission.

Step 2: Attach Supporting Documentation

- In addition to completing each of the fields, you must provide supporting documentation for each payment in the form of:
 - FOR MEDICAL, DENTAL AND VISION REIMBURSEMENT:

- Provider bill or invoice,
- Itemized receipt for your payment to your medical, dental or vision provider and
- Explanation of Benefits (EOB) from your insurance company or health care provider.
- **FOR PRESCRIPTION REIMBURSEMENT:**
 - Receipt for payment of the prescription
 - Copy of the prescription fill information from the pharmacy attached to the prescription envelope, which includes:
 - Name of the patient for whom the item is prescribed
 - Name of the medication
 - Dosage requirement
 - Provider's address
 - Co-payment information

Step 3: Read the Certification, Sign and Date

- Please read carefully the Certification and then sign your name and write the date to accept the terms and conditions.
- Please **PRINT** legibly in **BLUE** or **BLACK** ink to complete this form. Failure to provide clear, complete, and accurate information will result in a non-paid expense(s). Remember to keep all originals and mail us a copy of the documents you are submitting. **DO NOT** group expenses; each expense **MUST** be listed individually.
- For additional assistance or information, call 1-800-457-4584 or visit www.in.gov/fssa/hip/2489.htm. For those who are hearing impaired, email HIP2.0@fssa.in.gov.

Step 4: Submit Your Form

- **Submit all forms by mail to:**

 HP/HIP Employer Link
 P.O. Box 1955
 Indianapolis, IN 46206-1995
- **Please use more than one Section 3 expense form if needed.**
- **Please DO NOT**
 - Email or fax your reimbursement form
 - Use red ink to complete this form
 - Use highlighter on any receipts or this form
 - Staple copied receipts together or on the form
 - Write outside the boxes
 - Circle applicable items on your receipts

HIP Employer Link Out-Of-Pocket Reimbursement Form

SECTION 1: EMPLOYEE INFORMATION

EMPLOYER HIP Employer Link ID

--	--	--	--	--	--	--	--	--

LAST 4 OF SSN#

--	--	--	--

EMPLOYEE LAST NAME

[illegible]

EMPLOYEE FIRST NAME

EMPLOYEE EMAIL
DASHES)

DAYTIME PHONE # (AREA CODE FIRST, NO

[illegible]

IS THIS RELATED TO AN ACCIDENT OR WORK RELATED INCIDENT? YES ☐ NO ☐

SECTION 2: CERTIFICATION

I AGREE THAT:

- I have not already been paid for these expenses from HIP Employer Link and I have not requested and will not receive reimbursement for these expenses from any other source.
- I have submitted the above information honestly and is correct to the best of my knowledge.

I UNDERSTAND THAT:

- Reimbursement is not a guarantee that this payment is tax-free.
- **REIMBURSEMENT IS NOT GUARANTEED EVEN IF YOU FILL OUT THE APPLICATION COMPLETELY AND ACCURATELY.**
- My application will be rejected if I fail to fill out my application completely and honestly.
- The service(s) for which I am requesting reimbursement must be incurred during my period of coverage. I have until 12 months from the date of service to submit my claim for reimbursement of eligible expenses incurred during my period of coverage. If I do not submit my claims within this time limit I will forfeit any funds remaining in my account.
- I cannot use health care expenses reimbursed as a deduction on my personal income tax return.
- The expenses for which I am requesting reimbursement are for myself, my spouse, or an eligible adult dependent(s) through age 26.
- If I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the state of Indiana for any payments or claims incurred which were paid due to my fraud or error.

I authorize release of payment through my POWER account. I authorize the HIP Employer Link contractor to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers and all other agencies and organizations (including other insurers) to consider the claim for reimbursement.

Member/Employee Signature _____ Date _____
(MM/DD/YY) _____

HIP Employer Link Out-Of-Pocket Reimbursement Form

SECTION 3: HEALTH CARE EXPENSES

CHECK EXPENSE TYPE: ☐ MEDICAL ☐ DENTAL ☐ VISION ☐ PRESCRIPTION

	INDIVIDUAL MEMBER RID THAT RECEIVED SERVICE
SERVICE	

INDIVIDUAL MEMBER NAME THAT RECEIVED

[illegible]

DATE OF SERVICE: FROM (MM/DD/YY)

DATE OF SERVICE: TO (MM/DD/YY)

AMOUNT REQUESTED (DOLLARS .

--	--	--	--	--	--

--	--	--	--	--	--

\$

--	--	--	--

	●
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CHECK EXPENSE TYPE: ☐ MEDICAL ☐ DENTAL ☐ VISION ☐ PRESCRIPTION

	INDIVIDUAL MEMBER RID THAT RECEIVED SERVICE
SERVICE	

INDIVIDUAL MEMBER NAME THAT RECEIVED

[illegible]

DATE OF SERVICE: FROM (MM/DD/YY)

DATE OF SERVICE: TO (MM/DD/YY)

AMOUNT REQUESTED (DOLLARS .

--	--	--	--	--	--

--	--	--	--	--	--

\$

--	--	--	--

	●
--	---

CHECK EXPENSE TYPE: ☐ MEDICAL ☐ DENTAL ☐ VISION ☐ PRESCRIPTION

SERVICE INDIVIDUAL MEMBER RID THAT RECEIVED SERVICE


INDIVIDUAL MEMBER NAME THAT RECEIVED

[illegible]

Sample HIP Employer Link POWER Account Statement

Front of Statement

HIP LINK STATEMENT OF ACCOUNT AS OF 06/01/2015
(This is NOT a Bill)


HEALTHY INDIANA PLAN™
Employer Benefit Link

HIP Link is a premium assistance program that provides each participant with a Personal Wellness and Responsibility Account, or Link POWER account. This account pays for the participant's premiums and other costs for employer-group health insurance up to \$4,000 a year. This statement shows how much of your account you have used to date. This includes medical services that have been paid to your medical provider and premium payments made to you. Managing your account well and getting preventive care can reduce your future costs. If your annual health care expenses are less than \$4,000 per year including the cost of your premium reimbursement you can reduce the cost of your enrollment in HIP Link in the following year.

HIP LINK ACCOUNT NUMBER: EMP2015-01

Employee Name: Hip Link Employee
Employee Address: 1234 Hip Link Drive
City, State, Zip: Indianapolis, IN 46204

Employee RID: 123456789012
Employee DOB: 01/01/1955
Last 4 Digits of SS#: XXX-XX-6543

Current month's premium payment: \$ 120.00

Yearly Power Account Funds: \$ 4,000.00
Yearly Funds for Premium Payments: \$ 720.00
Yearly Funds for Health Costs: \$ 3,280.00

Current Power Account Funds: \$ 3,735.00
Current Funds for Premium Payments: \$ 480.00
Current Funds for Health Costs: \$ 3,255.00

This Month's HIP Link Payments

Date Paid	HIP Link Monthly Premium Payments	Amount	Date Paid	Service Date	Payments for your Health Care Costs	Amount
06/01/2015	Premium payment to you	\$ 60.00	06/15/2015	04/01/2015	Co-pay paid to your doctor	\$ 25.00

Previous HIP Link Payments

Date Paid	HIP Link Monthly Premium Payments	Amount	Date Paid	Service Date	Payments for your Health Care Costs	Amount
05/01/2015	Premium payment to you	\$ 60.00				
04/01/2015	Premium payment to you	\$ 60.00				
03/01/2015	Premium payment to you	\$ 60.00				

Quarterly cost sharing limit:¹ \$ 200 **Current quarters reported health expenses:** \$ 25

Page: 1 Form: HLEMP

The amount of your POWER account set aside for your monthly check from HIP Employer Link to pay for the

The amount of your total POWER account set aside to pay for your medical costs, such as copayments and deductibles.

The amount of money you have received from the state to cover the costs of your monthly premium, and the date of payment. Shown as both a monthly amount, and year to date.

The amount of your POWER account used to pay for the out-of-pocket costs required under your health plan for medical services. The statement will include the date and description of the payment. Shown as both a monthly amount, and year to date.

¹Your cost sharing limit is 5% of your quarterly income. If you spend more than this on health expenses in a quarter, you will have increased premium payments for the remainder of the quarter. If you have expenses to report please submit them to PO Box 1995 Indianapolis, IN 46206-1995.

Back of Statement

HIP LINK STATEMENT OF ACCOUNT AS OF 06/01/2015 (This is NOT a Bill)



HIP LINK ACCOUNT NUMBER: EMP2015-01

Recipient Name: HIP LINK Spouse
Recipient RID: 123456789412
Recipient DOB: 12/01/1959
Last 4 Digits of SS#: XXX-XX-3456

The amount of your POWER account left in your account for your monthly check from HIP Employer Link to pay for the

The amount of your total POWER account left in your account to pay for your medical costs, such as copayments and deductibles.

Yearly Power Account Funds: \$ 4,000.00
Yearly Funds for Premium Payments \$ 720.00
Yearly Funds for Health Costs \$ 3,280.00

Current Power Account Funds: \$ 3,735.00
Current Funds for Premium Payments \$ 480.00
Current Funds for Health Costs: \$ 3,255.00

This Month's HIP Link Payments

Date Paid	HIP Link Monthly Premium Payments	Amount	Date Paid	Service Date	Payments for your Health Care Costs	Amount
06/01/2015	HIP Link Premium Reimb on Your Behalf	\$ 60.00				

Previous HIP Link Transactions

Date Paid	HIP Link Monthly Premium Payments	Amount	Date Paid	Service Date	Payments for your Health Care Costs	Amount
05/01/2015	HIP Link Premium Reimb on Your Behalf	\$ 60.00	05/05/2015	04/01/2015	Deductible Paid to Your Provider	\$ 25.00
04/01/2015	HIP Link Premium Reimb on Your Behalf	\$ 60.00				
03/01/2015	HIP Link Premium Reimb on Your Behalf	\$ 60.00				

The amount of the check you receive to prepay you for your monthly premium. Shown as both a monthly amount, and year to date.

The amount of your POWER account used to pay your health care provider directly for medical services you received. Shown as both a monthly amount, and year to date.

Quarterly cost sharing limit:² \$ 200

Current quarters reported health expenses: \$ 25

Page: 2

Form: HLRCF

²Your cost sharing limit is 5% of your quarterly income. If you spend more than this on health expenses in a quarter, you will have increased premium payments for the remainder of the quarter. If you have expenses to report please submit them to PO Box 1995 Indianapolis, IN 46206-1995.

The amount of your total 5% quarterly cost sharing limit. You should never pay more than this amount out-of-pocket during any calendar quarter.

The total amount of your out-of-pocket costs that count towards your 5% quarterly cost sharing limit in the current quarter.

HIP Plan Comparison

HIP Program Options: General Benefit Summary and Considerations		
Plan	Summary	Benefit Variation Considerations
HIP Basic	Minimum essential coverage. Includes essential health benefits.	Requires copayments for most covered services ranging from \$4 for a doctor office or a preferred prescription to \$75 for an inpatient stay. Does not cover vision and dental services, bariatric surgery or TMJ.
HIP Plus	Coverage is more comprehensive than HIP Basic. Includes benefits beyond the essential health benefits like vision and dental coverage.	Includes all services covered in HIP Basic and adds coverage for morbid obesity surgery, routine dental services, routine eye exam and TMJ treatment. Does not require copayments for services except for non-emergency use of the emergency room.
HIP State Plan	Enhanced coverage available to the most vulnerable populations. Includes all services available in HIP Plus with additional Medicaid state plan services.	Includes all services covered in HIP Plus and adds coverage for non-emergency transportation, Medicaid rehabilitation option services, robust dental services, rehabilitation and habilitation services, and chiropractic care.
HIP Employer Link	Offers the individual the benefits on their employer-sponsored insurance. These benefits are guaranteed to offer at least one of the State's Essential Health Benefits Plan Options which vary from the HIP Basic and HIP Plus benefits. Employer plan benefits may offer additional benefits covered on the employer plan but not on HIP Basic and HIP Plus. HIP Employer Link will cover vision and dental services if offered by the employer and selected by the enrollee.	Provides coverage for employer-sponsored insurance plans that are at least equivalent to one of the state's essential health benefits plan options. May include coverage beyond EHB if offered by the employer. View the specific employer plan details for more information. In addition to the employer benefits, HIP Employer Link offers the following services in addition if not included in the employer's coverage: <ul style="list-style-type: none"> • Services provided by a federally qualified health center; • Services provided by a rural health clinic; • 72 hour emergency prescription supply; and • Family planning services. • Early Periodic Screening, Diagnoses and Treatment Services (age 19 & 20) • Non-emergency transportation services available for certain vulnerable populations in HIP.